

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-26-63-015467
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 93

Primary Registration District No.

Registrar's No.

FILED APR 16 1963

VS 300
Rev. 4/59

10290

20290

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94200H

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1290-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Polk twp.		c. CITY OR TOWN Walnut Grove	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt.#1; Walnut Grove		d. STREET ADDRESS (If outside, give location) Route #1	
3. NAME OF DECEASED First Margaret Middle A. Last Potter		4. DATE OF DEATH Month April Day 7 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-26-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Dade County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ewing L. Potter		13b. MOTHER'S MAIDEN NAME Sarah Helen Hardwick	
14. NAME OF HUSBAND OR WIFE Arthur E. Potter; Everton, Mo.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Arthur E. Potter; Everton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS DUE TO (c) LAURENIA - SILENT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) LAURENIA - SILENT		INTERVAL BETWEEN ONSET AND DEATH 30 MIN. 8 YRS	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 2:30 Month, Day, Year APRIL 7 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from MARCH 1 1963 to APRIL 7 1963 and last saw her alive on APRIL 6 1963 Death occurred at 2:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. R. Davis D.O.		22b. ADDRESS Walnut Grove, Mo.	
22c. DATE SIGNED 4-11-63		22d. LOCATION (City, town, or county) (State) Dadeville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 9, 1963	
23c. NAME OF CEMETERY OR CREMATORY Masonic cemetery		23d. LOCATION (City, town, or county) (State) Dadeville, Mo.	
24. FUNERAL DIRECTOR J. C. Canada; Greenfield, Mo.		25. DATE RECD. BY LOCAL REG. 4-11-1963	
26. REGISTRAR'S SIGNATURE J. C. Canada		27. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON
W.R.DAVIS, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. C. Canale

Licensed Embalmer No. 4196

P. O. Address

Greenfield, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.